The Connecticut Department of Children and Families Office of Multicultural Affairs

Assessment Guidelines for

DEVELOPING A MULTICULTURALLY COMPETENT SERVICE SYSTEM FOR AN ORGANIZATION OR PROGRAM

With adaptations from

The Connecticut Department of Mental Health and Addiction Services <u>Assessment</u> guidelines for developing a multiculturally competent service system for an organization or program, January 2000

<u>New York State cultural and linguistic competency standards</u>, developed by: Cultural Competence Strategic Framework Task Force, New York State Office of Mental Health, September 1997

And

Developments by the New Jersey Division of Mental Health Services Multicultural Services Advisory Committee, 1998

DEVELOPING A MULTICULTURALLY COMPETENT SERVICE SYSTEM FOR AN ORGANIZATION OR PROGRAM

Introduction

The Department of Children and Families (DCF) child welfare system serves widely diverse populations, each with unique experiences and needs.

The demand for the development of culturally and linguistically competent services is a major challenge facing human services and behavioral health providers today. Connecticut's population diversity is rapidly changing. Shifts in racial, ethnic, linguistic, gender orientation, special needs and disability, and religious diversity have presented unique challenges for service providers. More than ever we are discovering that there are approaches and skills that will enable us to effectively work with people from diverse backgrounds. In doing so, we continually learn that focusing on the client applying a variety of service delivery approaches produces more positive outcomes.

As you consider the development of your agency's plan to ensure the delivery of culturally and linguistically appropriate services, it is important that you keep in mind the issues of client <u>access</u>, <u>engagement</u>, and <u>retention</u> as fundamental elements that you will be expected to address. This means that the plan that you develop, to be considered acceptable by the DCF, must address the process for treatment or services that the participants in your programs should have while being served by your agency. The plan should be based, in part or in whole, on the following criteria:

- 1. thorough knowledge and understanding of the social, cultural and historical experiences of the community of people your agency is serving.
- 2. clear identification and articulated understanding of the ethnic, cultural, linguistic, and social groups in the area your agency serves.
- 3. documentation, tracking and evaluation/assessment of reasons why clients are not accepted for services.
- 4. demographics of clients within the program and their rates of completion.
- 5. profiles of clients who do not complete services.
- 6. design steps your agency has/will take to remove identified barriers that keep these clients from utilizing your agency's services including, proximity to community being served.
- 7. design steps your agency will implement or sustain to create a consumer friendly environment that reflects and respects the diversity of the clients that utilize your services once they do come.
- 8. internal criteria the agency will use to measure the impact of the services and programs that it offers

The attached Assessment Guidelines offer a framework to understand the current status of the application of culturally and linguistically competent services by your agency and its staff. By

offering feedback on strengths and areas for improvement, it can be used throughout the year as a barometer of your agency's progress.

The guidelines are designed to assist agencies in designing relevant and effective responses to the cultural, ethnic, linguistic, and other diversity concerns of clients utilizing services. The guidelines offered here are consistent with those being developed and implemented by organizations nationwide, as well as by accrediting and licensing bodies.

As the need arises for additional consultation and technical assistance associated with the development and implementation of your agency's plan, you may contact the Connecticut Department of Children and Families Office of Multicultural Affairs at (860) 550-6337.

Multiculturally Competent Service System Assessment Guide

Instructions

Rate	your organization	on each item in	า Sections I throเ	ıah VIII usin	a the following s	scale:

1 2 3 4 5
Not at all To a moderate degree To a great degree

Suggested Rating Interpretations:

#1 and #2: "Priority Concerns"

#3: "Needs Improvement"

#4 and #5: "Adequate"

When you have rated all items and assessed each section, please follow the instructions on <u>page 9</u> in order to make an assessment of your program or agency and then to formulate a culturally competent plan that addresses the need you feel is a priority.

I. Agency Demographic Data (Assessment)

A Culturally Competent Agency uses basic demographic information to assess and determine the cultural and linguistic needs of the service area.

Have you identified the demographic composition of the program's service area (from recent census data, local planning documents, statement of need, etc.) which should include ethnicity, race, and primary language spoken as reported by the individuals?
 Have you identified the demographic composition of the persons served?
 Have you identified the staff composition (ethnicity, race, language capabilities) in relation to the demographic composition of your service area?
 Have you compared the demographic composition of the staff with the client demographics?

<u>II. Polici</u>	<u>es, Procedur</u>	<u>es and Governa</u>	<u>ance</u>			
A Cultur	ally Compete	nt Agency has	a board of	directors, a	dvisory	com

nmittee or a policy making group that is proportionally representative of the staff, client/consumers and community. Has your organization appointed executives, managers and administrators who take responsibility for, and have authority over, the development, implementation, and monitoring of the Cultural Competence Plan? Has your organization's director appointed a standing committee to advise management on matters pertaining to multicultural services? Does your organization have a mission statement that commits to cultural competence and reflects compliance with all federal and state statutes, as well as any current Connecticut Commission on Human Rights and Opportunities nondiscriminatory policies and affirmative action policies? Does your organization have culturally appropriate policies and procedures communicated orally and/or written--in the principle language of the client/consumer to address confidentiality, individual patient rights and grievance procedures, medication fact sheets, legal assistance, etc. as needed and appropriately? III. Services/Programs: A Culturally Competent Agency offers services that are culturally competent and in a language that ensures client/consumer comprehension. Α. **Linguistic and Communication Support:** — Has the program arranged to provide materials and services in the language(s) of limited English-speaking clients/consumer (e.g., bilingual staff, in-house interpreters, or a contract with outside interpreter agency and/or telephone interpreters? — Do medical records indicate the preferred language of service recipients? Is there a protocol to handle client/consumer/family complaints in languages other than English? Are the forms that client/consumers sign in their preferred language? Are the persons answering the telephones, during and after-hours, able to communicate in the language of the speakers? Does the organization provide information about programs, policies, covered services and procedures for accessing and utilizing services in the primary language(s) of client/consumers and families? Does the organization have signs regarding language assistance posted at key locations?

	Are there special protocols for addressing language issues at the emergency room, treatment rooms, intake, etc?		
	Are cultural and linguistic supports available for clients/consumers throughout different service offerings along the service continuum?		
В.	Treatment/Rehabilitation Planning		
	Does the program consider the client/consumer's culture, ethnicity and language in treatment planning (assessment of needs, diagnosis, interventions, discharge planning, etc.)?		
	Does the program involve client/consumers and family members in all phases of treatment, assessment and discharge planning?		
	Has the organization identified community resources (community councils, ethnictcultural social entities, spiritual leaders, faith communities, voluntary associations, etc.), that can exchange information and services with staff, client/consumers, and family members.?		
	Have you identified natural community healers, spiritual healers, clergy, etc., when appropriate, in the development and/or implementation of the service plan?		
	Have you identified natural supports (relatives, traditional healers, spiritual resources, etc.) for purposes of reintegrating the individual into the community?		
	Have you used community resources and natural supports to re-integrate the individual into the community?		
C.	Cultural Assessments		
	Is the client/consumer's culture/ethnicity taken into account when formulating a diagnosis or assessment?		
	Are culturally relevant assessment tools utilized to augment the assessment/ diagnosis process?		
	Is the client/consumer's level of acculturation identified, described and incorporated as part of a cultural assessment?		
	Is the client/consumer's ethnicity/culture culture identified, described and incorporated as part of a cultural assessment?		
D.	Cultural Accommodations		
	Are culturally appropriate, educative approaches, such as films, slide presentations or video tapes utilized for preparation and orientation of client/consumer family members to your program?		
	Does your program incorporate aspects of each client/consumer's ethnic/cultural		

	heritage into the design of specialized interventions or services?
	Does your program have ethnic/culture-specific group formats available for engagement, treatment and/or rehabilitation?
	Is there provider collaboration with natural community healers, spiritual healers, clergy, etc., where appropriate, in the development and/or implementation of the service plan?
E.	Program Accessibility
	Do persons from different cultural and linguistic backgrounds have timely and convenient access to your services?
	Are services located close to the neighborhoods where persons from different cultures and linguistic backgrounds reside?
	Are your services readily accessible by public transportation?
	Do your programs provide needed supports to families of clients/consumers, i.e. meeting rooms for extended families, child support, drop-in services, etc.?
	Do you have services available during evenings and weekends?
IV. Caı	re Management
	Does the level and length of care meet the needs for clients/consumers from different cultural backgrounds?
	Is the type of care for clients/consumers from different backgrounds consistently and effectively managed according to their identified cultural needs?
	Is the management of the services for people from different groups compatible with their ethnic/cultural background?
V. Cor	tinuity of Care
	Do you have letters of agreement with culturally oriented community services and organizations?
	Do you have integrated, planned, transitional arrangements between one service modality and another?
	Do you have arrangements, financial or otherwise, for securing concrete services needed by clients/consumers (e.g., housing, income, employment, medical, dental, and other emergency personal support needs?)

VI. Human Resources Development

A culturally competent agency implements staff training and development in cultural competence at all levels and across all disciplines, for leadership and governing entities, as well as for management, supervisory, treatment and support staff.

training programs? (See attached: The Fundamental Principles of Cultural Competency)
Is the program making use of other programs or organizations that specialize in serving persons with diverse cultural and linguistic background as a resource for staff education and training?
Is the program maximizing recruitment and retention efforts for staff who reflect the cultural and linguistic diversity of populations needing services?
Have the staff's training needs in cultural competence been assessed?
Have staff attended training programs on cultural competence in the past two years? Describe:
ity Monitoring and Improvement A culturally competent agency has a quality monitoring overnent program that ensures access to culturally competent care.
Does the Quality Improvement (QI) Plan address the cultural/ethnic and language needs?
Are client/consumers and families asked whether ethnicity/culture and language are appropriately addressed in order to receive culturally competent services in the organization?
Does the organization maintain copies of minutes, recommendations, and accomplishments of its multicultural advisory committee?
Is there a process for continually monitoring, evaluating, and rewarding the cultural competence of staff?
ormation/Management System
Does the organization monitor, survey, or otherwise access, the QI utilization patterns, Against Medical Advice (A.M.A.) rates, etc., based on the culture/ethnicity and language?
Are client/consumer satisfaction surveys available in different languages in proportion to the demographic data?
Are there data collection systems developed and maintained to track clients/consumers by demographics, utilization and outcomes across levels of care, transfers, referrals, re-admissions, etc.?

Formulating a Culturally Competent Plan Based on the Assessment of Your Program or Agency

Focus on the following <u>critical areas of concern</u> as you develop goals for a culturally competent plan for your agency's service system.

Access: Degree to which services to persons are quickly and readily

available.

Engagement: The skill and environment to promote a positive personal

impact on the quality of the client's commitment to be in

treatment.

Retention: The result of quality service that helps maintain a client in

treatment with continued commitment.

Based on an assessment of your agency, determine whether, in your initial plan, you need to direct efforts of developing cultural competency toward one, or a combination of the above critical areas. Then, -structure your agency's cultural competence plan using the following instructions:

- Based on the results of this assessment, summarize and describe your organization's perceived strengths in providing services to persons from different cultural groups. Please provide specific examples. Attach supporting documentation (e.g., Data, Policies, Procedures, etc.)
- 2. Based on your assessment, summarize and describe your organization's primary areas considered either

"Priority Concerns" (#1 and/or #2), or

"Needs Improvement" (#3)

in providing services to persons from different cultural groups.

- Based on both your organization's strengths and needs, prioritize the
 organizational goals and objectives addressed in your cultural competency plan.
 Describe clearly what you will do to provide services to persons who are culturally
 and linguistically different.
- 4. Using the developed goals and objectives, please describe in detail the plans, activities and/or strategies you will implement to assist your organization in meeting each of the goals and objectives indicated.

APPENDIX ONE

Cultural and Linguistic Definitions

Access: Refers to the degree to which services are quickly and readily obtained. It is determined by the extent to which needed services are available, the information provided about these services, the responsiveness of the system to individual cultural and linguistic needs, and the convenience and timeliness with which services are obtained.

Assessment: Activities which determine the current need for culturally competent and linguistically appropriate services and the current availability and quality of such services. Assessment efforts should be data-driven and will include surveys, studies, or evaluations to determine the demographic characteristics of the clients/consumers, the capability of providers and staff, the quality of services, customer and provider satisfaction, and appropriate utilization of the services.

Complementary Resources: Any help that is exchanged beyond treatment services. They are services that are supported, operated, and/or regulated by the public or professional sector. These resources may include religious, social or those of other voluntary organizations; mutual aid or self-help groups; indigenous healers or natural helpers; as well as kin, friends, and neighbors.

<u>Cultural Competence:</u> A set of knowledge, skills, attitudes, policies, practices, and methods that enable care providers and programs to work effectively with culturally diverse client/consumers, families and communities. Culturally competent behavioral health care providers have, at a minimum, linguistic competence and also some knowledge about the culture and ethnicity. They should also have the knowledge and skills to use assessment and treatment methods which are appropriate for multicultural client/consumers.

<u>Cultural Competence Plan:</u> A written document that outlines a systematic approach to provide culturally relevant services to individuals served by a particular agency/organization. The Plan is used to direct an agency towards culturally responsive services with demographic information, congruent policies, services/programs, ongoing staff development, and quality improvement strategies that come together to enable behavioral programs to provide culturally competent services.

<u>Cultural Diversity:</u> A constellation of people from distinct ethnic groups, color and races, languages, customs, styles, values, beliefs, genders, sexual orientation, ages, education, income, knowledge, skills, abilities, functions, practices, religions and geographic areas.

<u>Culturally Appropriate:</u> The capacity of individuals or organizations to develop compatible health practices and behaviors of target populations. The information is used to design programs, interventions and services that address cultural and language needs in order to deliver appropriate and necessary health care services; and to evaluate and contribute to the ongoing improvement of these factors.

<u>Cultural Relevance:</u> Services that bear "a traceable, significant, logical connection" to the ethnically/culturally-based needs, expectations, desires and existing realities of the individuals to whom the services are directed. This includes a leadership and workforce

that is able and willing to obtain the necessary knowledge about the clients/consumers' cultural and socioeconomic background that will enable them to plan and deliver effective therapeutic, behavioral health programs.

<u>Culture</u>: Recurrent patterns of thought and behavior that are shared and transmitted by members of a group, including language, ideology, norms and values. Culture shapes personal identity (e.g., race, **ethnicity and culture**), interpersonal networks, and social institutions. Culture is also a powerful force in diagnosis, treatment, aftercare and other responses to illness and behavioral disorders. (See "BROWN ARTICLE" for definition of race & ethnicity)

Engagement: The skill and environment to promote a positive personal influence on the quality of the client's commitment to be in treatment.

<u>Interpretation:</u> Putting words of one language into another language, particularly in written form. In health services, translation is used when converting written information from English-language medical/psychiatric forms, informational brochures and other health-related materials into the patient/client/consumer's language. (See Standards for definition of qualified Interpreter)

<u>Linguistic Competence:</u> The ability to communicate and provide behavioral health care in both English and the primary language of client/consumers and families. A behavioral health care organization with linguistic competence offers 24-hours access to staff and/or interpreters who are fluent in the client/consumer's language and in English.

<u>Limited Spoken English or a Limited Proficiency in Speaking English:</u> Persons who have a limited language proficiency in English. Such as those who have limited spoken English who also have difficulty understanding what an English-speaking person is saying, or, who have trouble being understood by an English-speaking person.

<u>Multicultural</u>: The inclusion of persons with the cultural characteristics representative of their own and one or more additional ethnic groups, who may also become comfortable operating in the cultural perspective of others.

<u>Natural Helpers:</u> Individuals who are recognized by persons close to them, and/or by local communities, as being able to advise, help or heal, using medicinal items, symbols, activities, rituals, and social connections that are most meaningful to those seeking support.

Primary Language: Refers to the language in which an individual is most proficient and uses most frequently to communicate with others inside or outside the family system.

<u>Retention</u>: The result of quality service that helps maintain a client in treatment with continued commitment.

<u>Written Material and Orientation:</u> Refers to the availability of written materials and orientation sessions in languages other than English.

APPENDIX TWO

Connecticut Department of Children and Families Office of Multicultural Affairs

The population of Connecticut is made up of a dynamic spectrum of multicultural diversity. Valuable assets and resources are found in the multiplicity of cultural, racial, ethnic, linguistic, gender orientation, and other diverse populations that reside in this state. However, this same diversity has impacted the manner in which the statewide and other services delivery systems create and deliver their services.

The Connecticut Department of Children and Families offers the following five principles, associated with the Child and Adolescent Service System Program (CASSP) cultural competence model. The following are areas in which accountability might be designed for cultural competence in the development, coordination, and implementation of client/consumer-based prevention, intervention, and treatment services:

1. **Developing a Value for Diversity.** This area suggests that professionals, agencies, and systems must go beyond slogans. Concrete ways must be found to exemplify values for diverse clientele, staff, board members, consultants, and volunteers. The emphasis upon respecting cultural choices, histories and destinies, beliefs and practices, and community goals of the various cultures must be enforced.

The range of activities will vary depending upon the cultural competence of a given agency. Agencies that are new to the concept may do the groundwork of meeting with cultural key informants and initiating talks about cultural competence. A more culturally advanced agency might assure that diverse people are depicted on agency brochures, that ethnic art is displayed, or that community-based resources are identified. An even more advanced agency might take steps to stay abreast of changing populations, recruit and retain diverse staff, and acknowledge cultural holidays. And perhaps an even more advanced agency might begin to perform cross cultural trainings, conduct cultural research, design or convene rites of passage programs, or collaborate with leaders of given ethnic communities. It is important for agencies to describe in concrete terms a value for diversity and how these efforts can be executed, and evaluated.

- 2. **Conducting a Cultural Self-Assessment.** This principle stresses the importance of professionals and organizations taking periodic steps to:
 - examine strengths and weaknesses with the diverse communities served
 - consider the extent to which culture is viewed as a factor in the helping process
 - review staff demographics and characteristics
 - examine service outcomes by cultural group, and
 - identify the numbers and types of cross cultural staff development or training opportunities.

These assessments can be used to design agency-specific interventions that promote greater cultural competence. Indeed many opportunities will present themselves. However, specific areas where accountability must be considered include the following:

- periodic administering of cultural bias scales to staff and board members
- periodic establishment of a process to manage cross-cultural conflicts
- routine use of viable client/consumer satisfaction measures
- systematic collection and review of community-based needs assessments, and
- identifying of strategies that an agency will use to routinely perform cross-cultural self-studies.
- **3. Understanding the Dynamics of Difference.** This principle concerns the interactions and behaviors that may transpire when individuals from different cultures interact. Growing out of the concern for cultural self-assessment, this concept holds that agencies anticipate and address the potential fractions that can occur cross culturally. Agencies can hold themselves accountable for helping new staff communicate and mediate conflict cross culturally, in addition to help staff consider how they view and are viewed by others.

In particular, staff can be made familiar with potential sources of conflict or situations that may produce tension. However, the essence of this concern behaviorally is assuring that staffs have the interpersonal skills or other structures to educate or mediate around such issues. These conflicts can occur between agencies and communities. Agencies that do not recognize helpseeking behaviors, social histories, or other socioeconomic realities of a given culture may be inadvertently fostering conflict. This will be particularly true for agencies that are inflexible in their policies and impose mainstream cultural beliefs (including the subliminal kind) on culturally diverse populations.

This principle acknowledges that conflicts are often inevitable when people of diverse backgrounds interact. Yet, agencies must be accountable for anticipating such fractions and have mechanisms of mediating or managing conflicts. Given that many groups have not been well integrated into or understood by the dominant society, cross-cultural mistakes are likely to occur. The idea is to expose staff to cultural nuances (actual or perceived) that may impede the effective and comprehensive delivery of services.

4. Accessing Cultural and Diversity Knowledge. This principle suggests that agencies must seek approaches for assuring that staffs have opportunities for learning about culturally diverse populations, or have resources to assist at a point of cross-cultural impasse. Certainly agencies can begin to assemble resource materials that may prove helpful. Agencies can also begin to identify the existing linkages, and those lacking with respect to cultural key informants, community advocates, family member organizations, educators, and researchers. Relationships with these important resources can then be further developed.

The degree to which agencies assure that all staff has access to relevant and accurate knowledge will account for supporting cultural competence in the future. Agency staff must reach out to natural helpers, community and religious leaders, diverse consumers and professionals, and others who can serve as cultural and diversity guides.

Given that culture is a dynamic phenomenon subject to change, the ability to constantly update knowledge and skills will prove extremely helpful. Effective agencies will pool resources to assure a more comprehensive cultural informant network.

5. Adapting to Diversity. Understanding that cultural competence is very contextual, various issues can determine if a program will be successful or not. Agencies (while learning from others) may need to tailor new information so it is relative to respective situations. For example, a program that works effectively with African Americans in Charleston, South Carolina may need to be substantially adapted to have a similar effective impact on African Americans in the Bronx, New York. Likewise, one cannot rule out that a program working effectively with working class Latino or Hispanic Americans with disabilities may have applications for workingclass mainstream Americans.

REFERENCES

Center for Mental Health Services. (2001). *Cultural competence standards in managed care mental health services: Four underserved/underrepresented racial/ethnic groups*. Washington, DC: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Connecticut Department of Mental Health and Addiction Services. (2000). *Developing a multiculturally competent system for an organization or program*. Hartford: DMHAS.

Cross, T.L., Bazron, B.J., Isaacs, M.R., & Dennis, K.W. (1989). Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, DC: Georgetown University Center for Child Health and Mental Health Policy, CASSP Technical Assistance Center.

Gibbs, J.T., Huang, L.N., & associates. (1989). Children of color: Psychological interventions with children of color. San Francisco: Jossey-Bass.

Lum. D. (1999). Culturally competent practice: A framework for growth and action. Belmont, CA: Brooks/Cole.